

# HOPE

CHAPTER 7

## **INTEGRATING SUBSTANCE USE SUPPORT IN MENTAL HEALTH SERVICES**

AT THE INTERSECTION OF DOMESTIC VIOLENCE AND SUBSTANCE USE  
A Toolkit for Hope, Healing, and Advocacy for Family Justice Centers



NATIONAL CENTER ON  
**DOMESTIC VIOLENCE,  
TRAUMA, AND  
MENTAL HEALTH**



# INTRODUCTION

The *At the Intersection of Domestic Violence and Substance Use: A Toolkit for Hope, Healing and Advocacy for Family Justice Centers*, is one of a series of resources developed to support the provision of more holistic, hope-centered, and trauma-informed substance use advocacy and services in Family Justice Centers.

## PURPOSE

- 1 This toolkit serves as an accompaniment to *At the Intersection of Domestic Violence and Substance Use: Hope, Healing and Advocacy for Family Justice Centers*, [an 8-part Virtual Learning Series located on the Alliance's HOPEHub training platform](#).
- 2 The Virtual Learning Series explores the role of substance use in the lives of survivors, and offers a framework and resources for advocates and others working with and nurturing hope in FJC clients who experience substance use as part of the trauma or victimization they face from an abusive partner.
- 3 This toolkit offers a comprehensive array of resources, guidance, examples, and tips to enhance the implementation of the lessons offered through the Learning Series.

## RESPONDING TO THE NEED

Many survivors of domestic and sexual violence are exposed to substance use, either through their own use, the use of a partner or ex-partner, or both. So often substance use by a survivor is directly related to trauma they have experienced as a result of victimization. Historically, Family Justice Centers have generally not included substance use services onsite, much less included substance use services with an understanding of victimization.

In 2018, the U.S. Department of Justice Office on Violence Against Women (OVW) recognized the challenges many advocates within Family Justice Centers and similar co-located service centers faced in providing services and advocacy to survivors experiencing substance use and substance use coercion. In response, OVW created the Substance Use and Family Justice Center Pilot Project with the goals of:

1. Increasing the capacity of Family Justice Centers to serve clients who experience substance use, substance use disorders, and substance use coercion.
2. Building relationships between substance use disorder treatment providers and FJC staff.
3. Increasing awareness, knowledge, and collaboration in an effort to create a more trauma-informed, hope-centered, and robust response to address the complex needs of survivors dealing with substance use-related needs.

## PROJECT PARTNERS

The Substance Use and Family Justice Center Pilot Project is a collaboration between [Alliance for HOPE International](#) (Alliance) and the [National Center on Domestic Violence, Trauma, and Mental Health](#) (NCDVTMH), working in partnership with:

[Strength United Family Justice Center in Van Nuys, CA](#)

[Crystal Judson Family Justice Center in Tacoma, WA](#)

[Essex County Family Justice Center in Newark, NJ](#)

Our partners at the Crystal Judson Family Justice Center, the Essex County Family Justice Center, and the Strength United Family Justice Center have provided vital insight and ongoing guidance in all aspects of this project, including the development of this toolkit.

**strength  
united**  
a CSUN community agency



# INTEGRATING SUBSTANCE USE SUPPORT IN MENTAL HEALTH SERVICES

## CLICK TO ACCESS THE VIRTUAL LEARNING SERIES: [LESSON 8](#)

This section is for centers that already offer trauma or mental health counseling and are considering adding integrated counseling to support survivors with goals related to substance use. At the same time, this information can be helpful for centers that do not plan to offer these services, as it can provide ideas for what kinds of services may be helpful.

This section is not meant to imply that centers should add these kinds of services or become licensed as substance use disorder treatment providers; that is a decision that can only be made by individual centers in response to community needs and available resources.

### Why Consider Offering Integrated Substance Use Support?

- Integrated approaches to address substance use and domestic violence uniquely benefit survivors who use substances ([Phillips et al., NCDVTMH, 2020](#))
- Integrated approaches to substance use, mental health, and trauma are more effective than siloed, sequential, or parallel approaches (Torchalla et al., 2012)
- Substance use disorder treatment resources can be difficult to access in many communities, especially for survivors who may face treatment and recovery sabotage from an abusive partner or ex-partner
- Many of the most commonly used mental health and trauma counseling approaches are also effective for supporting people with their goals related to substance use

If your center decides to offer counseling support for substance use resources, consider what confidentiality requirements, and needs this may raise, and plan for these in advance. See the section titled [Protecting Substance Use Privacy, Confidentiality, and Informed Consent](#) for more information.

### TIP SHEETS

- [Clinical Assessment](#)
- [Integrating Substance Use and Mental Health Support](#)
- [Supporting Continuing Recovery](#)



CLICK BELOW TO ACCESS THE RESOURCES

NCDVTMH'S TOOLKIT ON COERCION RELATED TO MENTAL HEALTH AND SUBSTANCE USE IN THE CONTEXT OF INTIMATE PARTNER VIOLENCE

**Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence: A Toolkit for Screening, Assessment, and Brief Counseling in Primary Care and Behavioral Health Settings**  
 Carolee Warshaw, MD and Erin Tinnon, MSW, LSW  
 March 2018

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NCDVTMH'S ONLINE REPOSITORY OF TRAUMA-FOCUSED INTERVENTIONS

**Trauma, Healing, and Mental Health**

Experiencing domestic or sexual violence can have traumatic mental health effects, while at the same time, these mental health effects can increase a person's risk for being controlled and abused by an intimate partner or other social contact. Signs related to trauma and mental health worsen these risks. While there have been significant developments in approaches to support trauma healing, many do not address the unique realities of survivors. These resources seek to fill this gap while also recognizing and embracing the many ways that survivors and their families experience healing and wellness.

**Key Resources**

- NCDVTMH Online Repository of Trauma-Focused Interventions for Survivors of Intimate Partner Violence
- Trauma-Focused Interventions for Domestic Violence Survivors

NCDVTMH'S SYSTEMATIC REVIEW OF TRAUMA-FOCUSED INTERVENTIONS FOR DV SURVIVORS

**A Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors**  
 Carolee Warshaw, MD  
 National Center on Domestic Violence, Trauma & Mental Health  
 Cris M. Sullivan, PhD  
 Echo A. Rivera, MA  
 Michigan State University  
 February 2013

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NCDVTMH'S TIP SHEET 7 COMMON PRACTICES IN SUBSTANCE USE DISORDER CARE THAT CAN HURT SURVIVORS AND WHAT YOU CAN DO INSTEAD

**7 Common Practices in Substance Use Disorder Care That Can Hurt Survivors and What You Can Do Instead**

High rates of DV among women accessing substance use disorder treatment

47% 90%	31% 67%
Percent DV among women accessing substance use disorder treatment	Percent DV among women accessing substance use disorder treatment

**Keep in Mind**

- Use a universal precautions approach: It can be difficult and dangerous for a survivor to talk about intimate partner violence (IPV). Trauma-informed approaches are essential even if someone has not disclosed abuse.
- Avoid labeling: Many people will not identify with terms such as recovery, abuser, victim, or intimate partner violence.
- Not just intimate partners: Abuse may come from another social contact.
- Not just physical or sexual violence: Learn more about the many forms of abuse and coercion at [www.nationalcenteron.org](http://www.nationalcenteron.org)

**7 Practices Surrounding Program Intake and Exit**

**Risks and Barriers**

- Delays in service access: Survivors need to be able to access resources when there's a window of safety. Delays often mean the window of safety will close.
- Strict treatment schedules can increase the risk of stalking and victimization.
- Administrative discharge due to missed appointments: A survivor may miss appointments in order to protect themselves or due to a partner's interference.
- Administrative discharge due to being pregnant: Substance use may be a direct result of the abuse someone faces or coercion to use by a partner. Regardless, this is neither trauma-informed nor considered best practice.
- Administrative discharge due to inability to pay: Financial abuse is common and using health insurance coverage may compromise a survivor's safety.

**Antidotes**

- Strive for low barrier services. Reduce wait times and increase same-day availability, including the ability to accommodate work hours.
- Offer flexible outreach, treatment, and recovery support services.
- Address recovery barriers: Barriers include transportation, housing, and food.
- Collaboratively strategize with survivors to support life engagement in services.
- Increase flexibility in scheduling and accommodations: Flexible scheduling is key.
- Actively link to a new provider or location if a survivor requests it.
- Collaborate with local, domestic and sexual violence advocacy programs.
- Implement best practices to minimize the use of administrative discharge.

HELPING WOMEN RECOVER AND BEYOND TRAUMA

**Covington Books**

Take your practice or organization to the next level. Dr. Stephanie Covington leads the way to trauma-informed and gender-sensitive programs and training.

Meet Dr. Covington  
 Dr. Stephanie S. Covington is an internationally recognized clinician, author, organizational consultant, and lecturer. She is a pioneer in the fields of addiction, trauma, and recovery. She has developed innovative, gender-responsive and trauma-informed approaches that result in effective services in public, private, and institutional settings. Her presentations, self-development seminars, and national assistance focus on systemic change and the development of caring, compassionate, and empowering therapeutic environments. Her presenters professionals an opportunity to learn new skills for dealing with personal, institutional, and societal changes and are always in demand, both nationally and internationally.

SEEKING SAFETY

**Seeking SAFETY**  
*A Treatment Manual for PTSD and Substance Abuse*  
 LISA M. NAJAVITS

Over 125,000 in Print!

E-Book

MOTIVATIONAL ENHANCEMENT THERAPY (MET)

**MOTIVATIONAL ENHANCEMENT THERAPY MANUAL**  
 A Clinical Research Guide for Therapists Treating Individuals With Alcohol Abuse and Dependence

By: Margaret S. Mattson, Ph.D.  
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U.S. Department of Health and Human Services  
 Public Health Service  
 National Institute of Alcohol Abuse and Alcoholism  
 Division of Treatment and Services  
 Rockville, Maryland 20857

COGNITIVE BEHAVIORAL THERAPY (CBT)

**COGNITIVE-BEHAVIORAL COPING SKILLS THERAPY MANUAL**  
 A Clinical Research Guide for Therapists Treating Individuals With Alcohol Abuse and Dependence

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SAMHSA TIP 34 ON BRIEF INTERVENTIONS AND BRIEF THERAPIES

**Brief Interventions and Brief Therapies for Substance Abuse**

Treatment Improvement Protocol (TIP) Series  
 34

**TIP**

SAMHSA  
 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION  
 CENTER FOR SUBSTANCE ABUSE TREATMENT

MUTUAL AID COMMUNITY RECOVERY GROUPS

**FACES & VOICES OF RECOVERY**  
 ADVOCATE ACT AWARD

**MUTUAL AID RESOURCES**

Peer support is one of the most powerful, effective, and least costly ways to help people with substance use disorders. Mutual aid groups are a form of peer support that can be used in a variety of settings. This document provides information on how to start a mutual aid group and how to support existing groups.

**12 Steps to Start a Mutual Aid Group**

1. Identify a need for a mutual aid group in your community. Mutual aid groups can be started in a variety of settings, including community centers, libraries, and faith-based organizations. They can also be started online.

**16 Steps for Discovery and Empowerment to a Peer Support Community**

1. Identify a need for a mutual aid group in your community. Mutual aid groups can be started in a variety of settings, including community centers, libraries, and faith-based organizations. They can also be started online.

**AA NETWORK**

There is a rich history of mutual aid groups in the AA community. These groups have been instrumental in helping people with alcohol use disorders find support and recovery.

**ADDICTION VICTIMS**

Victims of addiction are often in need of support and resources. Mutual aid groups can provide a safe and supportive environment for these individuals.

**ADULTS ONLY 12-STEP GROUPS**

Adults only 12-step groups are a form of mutual aid that can be helpful for people with substance use disorders. These groups provide a safe and supportive environment for these individuals.

RECOVERY COMMUNITY ORGANIZATIONS

**ARCO**  
 Association of Recovery Community Organizations

ABOUT  
 BENEFITS

# CLINICAL ASSESSMENT OF SUBSTANCE USE

## Formal Diagnosis

Determine whether a formal diagnostic assessment is needed. Some questions to consider include:

- Do survivors find it necessary or useful?
- What is the potential impact on survivors?
  - o Keep in mind the range of potential responses, from someone finding it very helpful and de-stigmatizing, to someone finding it to be very judgmental and stigmatizing.
- Is a formal diagnosis needed for determining eligibility or accessing funding?

Determine how you will support accessible, culturally relevant, and trauma-informed services in situations where a survivor does not find a diagnosis helpful but it is required for eligibility or funding.

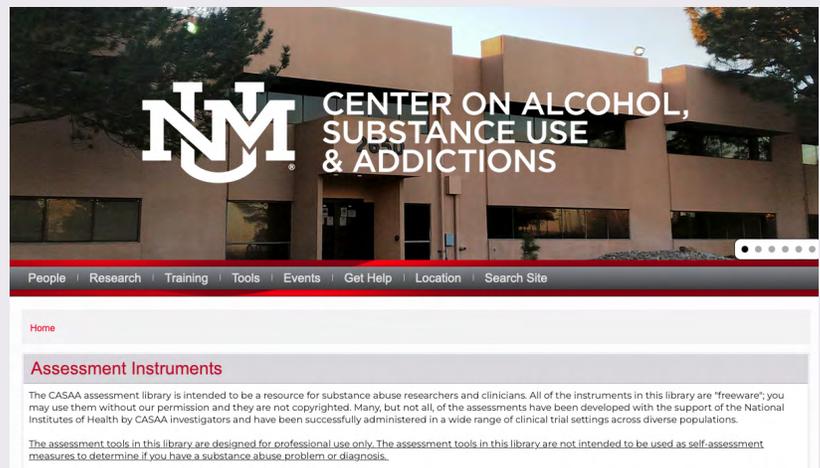
## Areas to Assess

- The interplay between a survivor's substance use and their experiences of abuse, victimization, and substance use coercion
- Overall pattern of substance use
- Functional analysis and context of use
- Adverse consequences associated with use
- Recovery capital
- Stage of change

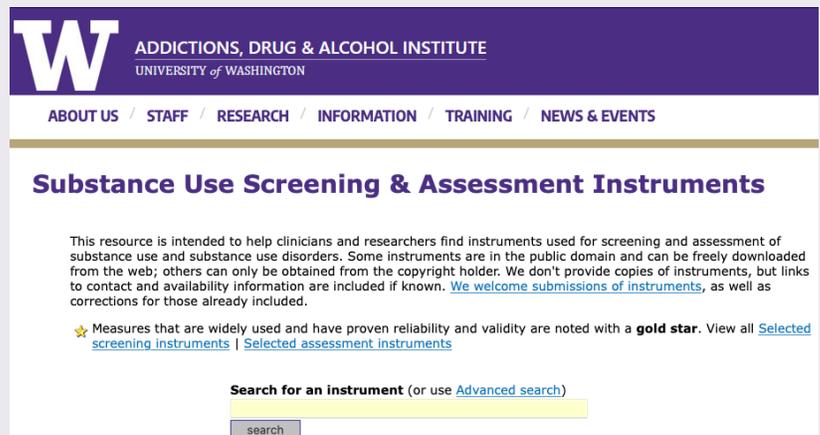
## Valid and Reliable Substance Use Disorder Screening and Assessment Tools

Critically assess how useful these validated tools may be in your setting and whether they have been tested with populations who are similar to those who access your center.

- [Center on Alcohol, Substance Use, and Addictions](#) (University of New Mexico)



- [Alcohol and Drug Abuse Institute](#) (University of Washington)



# INTEGRATING SUBSTANCE USE AND MENTAL HEALTH SUPPORT

## Brief Therapies

- [Motivational Enhancement Therapy \(MET\)](#)
- [Cognitive Behavioral Therapy \(CBT\)](#)
- MET-CBT combination
- Solution-Focused Therapy

Additional Resource:

- [SAMHSA TIP 34 on Brief Interventions and Brief Therapies](#)



## Evidence-Based Integrated Trauma and Substance Use Disorder Treatment for Survivors

These therapies can be offered as groups or individually with survivors. Survivors do not need to have a formal diagnosis and staff do not need to be licensed clinicians, although previous experience facilitating groups is helpful when delivering this in a group setting.

- [Helping Women Recover and Beyond Trauma](#)
- [Seeking Safety](#)

Additional Resources:

- NCDVTMH's [Online Repository of Trauma-Focused Interventions](#)
- NCDVTMH's [Systematic Review of Trauma-Focused Interventions for Domestic Violence Survivors](#)

## Enhancing Therapy Effectiveness for Survivors of Domestic Violence

Based on NCDVTMH's [systematic review](#), these five elements can be added to existing evidence-based interventions to enhance their effectiveness for survivors:

1. Psychoeducation about the causes and consequences of IPV, and their traumatic effects
2. Awareness of mental health and substance use coercion, and sabotaging of recovery efforts
3. Attention to ongoing safety
4. Cognitive and emotional coping skill development to address trauma-related symptoms and support goals
5. A focus on survivors' strengths as well as cultural strengths on which they can draw

# SUPPORTING CONTINUING RECOVERY

## How Counselors and Advocates Can Support Continuing Recovery

- Start early and support ongoing recovery planning throughout the counseling process
  - Help people build an individualized coping toolbox that includes an awareness of what kinds of situations can act as cues for craving experiences
  - Help people anticipate the kinds of situations that present a risk to their recovery goals and support strategizing to safely prevent or navigate these situations
  - Support people with creating a recovery setback response plan
  - Offer aftercare planning and connection to aftercare services. Aftercare can include:
    - o Alumni community
    - o Recovery support services
    - o Peer-based support
    - o Recovery Management Check-Ups
- Support desired connections with community-based supports, including:
- o [Mutual aid community recovery groups](#)
  - o [Recovery Community Organizations](#)
  - o Safe social supports
  - o Other desired resources, including mental health and housing support
- Women’s continuing recovery services - what’s been found to work best for women (Coughey et al., 1998; SAMHSA TIP 51, 2015)
    - o Address barriers through active service connections, resources, flexible scheduling, ensuring accessible services, especially for those who want support with housing, as well as parenting or children’s resources
    - o Offer women-only gender responsive services, where women have access to feminine-identified counselors if desired
    - o Offer peer-based support; this has been found to be especially important for women who had more complex concerns or who did not feel emotionally connected with counseling staff
    - o For women who are also parents or caregivers, help coordinate their services with children’s services





# HOPE

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